MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=62-039696

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 274 Primary Registration District No. ____ Registrar's No. 275

FILED OCT 25 1962

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cole Camp
Length of stay in 1b: 50 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Route 1
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pettis
c. CITY OR TOWN: Cole Camp — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Route 1 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First VIOLA Middle LISSETTE Last MEIN

4. DATE OF DEATH: Month October Day 20 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/3/00
9. AGE (last birthday): 62 — IF UNDER 1 YEAR Months ____ Days ____ IF UNDER 24 HR Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Boeschenville, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Boeschen
13b. MOTHER'S MAIDEN NAME: Gesina Ehlers
14. NAME OF HUSBAND OR WIFE: Edward E. Mein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ******
16. SOCIAL SECURITY NO.: [redacted]
17. INFORMANT: Edward C. Mein, Address: Route 1, Cole Camp, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary Paralysis	1 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Respiratory Failure	Min
DUE TO (c)	Carcinomatosis.	Mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Metastatic CA of LUMBAR SPINE

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 1962 to Oct 20 and last saw her/him alive on Oct 19
Death occurred at 8:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arturo Gonzalez MD
22b. ADDRESS: Cole Camp Mo.
22c. DATE SIGNED: 10-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/23/62
23c. NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery
23d. LOCATION (City, town, or county) (State): Cole Camp, Mo.

24. FUNERAL DIRECTOR: Kleine Funeral Home ADDRESS: Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: Oct 23, 1962
26. REGISTRAR'S SIGNATURE: Frances Shelby per M. Anderson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0800		
2	0800		
3			
4	1		
5	1		
6			
7	0		
8	0		
9	199.2		
10			
11			
12	90-2		
13	1-0		

BY AFFIDAVIT OF ____ DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer, No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.